Cert ID: 142062

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2009-2010 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2009 through June 30, 2010

An Annual Report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers, and e-mail addresses of the Regional Board contacts, as well as the Regional Board Offices addresses are indicated below.

REGIONAL BOARD INFORMATION:

San Francisco Bay Region
1515 Clay Street, Ste.1400
Oakland, CA 94612

Contact: Rico Duazo
Tel: (510) 622-2340
Email: RDuazo@waterboards.ca.gov

GENERAL INFORMATION

A. Facility Information:

Cargill Inc Redwood City
295 Seaport Blvd
Redwood City, CA 94063
WDID No: 2 41I002742

Facility Contact: Sean Riley
Email: sean_d_riley@cargill.com
Phone: 510-790-8625

SIC Code(s):
2899 Chemicals and Chemical Preparations, NEC

B. Facility Operator Information:

Cargill Inc
7220 Central Ave
Newark, CA 94560

Operator Contact: Sean Riley
Email: Sean_D_Riley@cargill.com
Phone: 510-790-8625

C. Facility Billing Information:

Cargill Inc
7220 Central Ave
Newark, CA 94560

Billing Contact: Sean Riley
Email: Sean_D_Riley@cargill.com
Phone: 510-790-8625

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ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

☐ **YES** Go to Item D.2 ☒ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** _____

ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: _____

Re-evaluation Date: _____

Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: _____

Re-evaluation Date: _____

Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

iv. ☐ Received Regional Board Certification Certification Date: _____

v. ☐ Received Local Agency Certification Cetification Date: _____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

☐ **YES** Go to Section E ☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 2 If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

☒ **YES** ☐ **NO, attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? 1

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] YES, go to Item E.6 [ ] NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? [ ] YES [ ] NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated _____

SEE ATTACHMENT FOR ADDITIONAL DETAILS FOR SAMPLE COLLECTED WITH 1ST HOUR

6. Were <u>all</u> samples collected during the first hour of discharge? [X] YES [ ] NO, **attach explanation**

7. Was <u>all</u> storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) [ ] YES [ ] NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? [ ] YES [X] NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? [ ] YES [ ] NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

    _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

    _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

    _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**
Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☒ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September ☐ **YES** ☐ **NO** ☐ **N/A** October-December ☐ **YES** ☐ **NO** ☐ **N/A**

January-March ☐ **YES** ☐ **NO** ☐ **N/A** April-June ☐ **YES** ☐ **NO** ☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**
Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July -September ☒ **YES** ☐ **NO** October-December ☒ **YES** ☐ **NO**

January-March ☒ **YES** ☐ **NO** April-June ☒ **YES** ☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

i. name of each unauthorized non-storm water discharge.
ii. date and time of observation.
iii. source and location of each unauthorized non-storm water discharge.
iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
v. name, title, and signature of observer.
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	[X]	[ ]	February	[X]	[ ]
November	[X]	[ ]	March	[X]	[ ]
December	[X]	[ ]	April	[X]	[ ]
January	[X]	[ ]	May	[X]	[ ]

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

SEE ATTACHED EXPLANATIONS H1

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? [X] YES [ ] NO
   The following areas should be inspected:

   - areas where spills and leaks have occured during the last year.
   - outdoor wash and rinse areas.
   - process/manufacturing areas.
   - loading, unloading, and transfer areas.
   - waste storage/disposal areas.
   - dust/particulate generating areas.
   - erosion areas.
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? [X] YES [ ] NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: [X] YES [ ] NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? [X] YES [ ] NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? [X] YES [ ] NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? [X] YES [ ] NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? [X] YES [ ] NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? [X] YES [ ] NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. on behalf of Cargill

Printed Name: Sean D. Riley

Signature: _____ Date: 6/29/10

Title: Environmental Manager

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

SEE ATTACHED EXPLANATIONS H1

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): Danis Lal TITLE: Supervisor SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
Redwood City	1/18/10 ☒ AM 9:00 ☐ PM	☒ AM 8:30 ☐ PM	5.34 See Attached	10	60	See Attached						
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:			0.100	10	10							
TEST METHOD USED:			9040B	2540D	120.1							
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB							

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SEE ATTACHED EXPLANATIONS H1

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): Danis Lal TITLE: Supervisor SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
Redwood City	4/21/10 11:00 ☒ AM ☐ PM	3:00 ☒ AM ☐ PM	5.85 See Attached	17	100	See Attached						
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:			0.100	10	10							
TEST METHOD USED:			9040B	2540D	2510B							
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB							

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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THERE ARE NO AUTHORIZED NON-STORMWATER DISCHARGES AT THIS LOCATION.

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If YES, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If YES, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If YES, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If YES, complete reverse side of this form.

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

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SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS 9/12/09 13:10 ☐ AM ☒ PM	Observers Name: Danis Lal Title: Supervisor Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS 12/17/09 13:00 ☐ AM ☒ PM	Observers Name: Danis Lal Title: Supervisor Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS 3/10/10 9:00 ☒ AM ☐ PM	Observers Name: Danis Lal Title: Supervisor Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS 6/8/10 11:00 ☒ AM ☐ PM	Observers Name: Danis Lal Title: Supervisor Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October 13 2009 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 18 2009 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 7 2009 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 17,18 2010 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February 26 2010 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 30 2010 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 20 2010 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May 31 2010 Observers Name: Danis Lal Title: Supervisor Signature:	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				

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SEE ATTACHED ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION FORM

SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 6/16/10 INSPECTOR NAME: Sean Riley & Danis Lal TITLE: Env Manager & Supervisor SIGNATURE: ______

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
RWC Dock	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation

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SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ___________ **INSPECTOR NAME:** ___________________________ **TITLE:** ___________________________ **SIGNATURE:** ______________________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?**	☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?**	☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?**	☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?**	☐YES ☐NO	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐YES ☐NO			

Attachment to Annual Report
Explanations for Questions in Annual Report Questionnaire
2009 – 2010 Season (July 1, 2009– June 30, 2010)
Cargill Salt – Redwood City

Prepared by: Dana Johnston and Sean Riley
Company: Crawford Consulting, Inc. & Cargill Inc.

Item E.6. Justification that samples began collection during the first hour of discharge

The storm event in April 2010 that produced storm water discharge began within the first hour, but took longer than one hour to fill the sample containers. Prior to the next storm water season, modifications will be done to the storm water collection system to collect additional storm water.

Item E.10. Explanation for not conducting Oil and Grease (O&G) analyses

For both the January 18, 2010 and April 21, 2010 storm water sampling events, samples were collected and submitted for laboratory analysis of Total Suspended Solids (TSS), Oil and Grease (O&G), Specific Conductance (EC), and pH. However, the laboratory was unable to report the results for O&G for both events. On January 18, 2010 samples, the laboratory reported that there was a system failure during the automated extraction process for the O&G analysis, and the sample was lost. On April 21, 2010, the remaining sample collected was less than 250ml instead of 1L needed to run O&G analysis. In addition, a 250ml (partially filled) preserved bottle was used with nitric acid (as used for metals analysis), and the laboratory did not log the sample bottle for analysis of O&G. Prior to the next storm water season, modifications will be done to the storm water collection system to collect additional storm water.

Item H.1. Explanation for low pH readings

The low pH readings are a result of bird droppings on various platforms, decks, and other structures. See storm water observations for additional information.

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed Yes (No)

Indications of Prior Non-Storm Water Discharge Yes (No)

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
Redwood City	Stains Sludges Odor Other: NONE	Collection Docks at the RWC Dock.

Comments/Corrective Action Taken: Docks appeared to be completely dry free of runoff.

Inspector's Name: Daniel Lee Title: Supervisor

Signature: [signature] Date: 9/2/09 Time: 1310 am/(pm)

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed Yes (No)

Indications of Prior Non-Storm Water Discharge Yes (No)

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
RWC	Stains Sludges NONE Odor Other:	Loading Docks at Fuel Dock.

Comments/Corrective Action Taken: ---

Inspector's Name [illegible] Title: Supervisor

Signature [illegible] Date: 12/17/09 Time 1320 Hrs am/pm

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed Yes (No)

Indications of Prior Non-Storm Water Discharge Yes (No)

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
Redwood City Dock	Stains Sludges none. Odor Other:	Dock & Docking Docks.

Comments/Corrective Action Taken: All was dry & normal. Went down early morning & observed normal condensation.

Inspector's Name Daniela Title: Supervisor

Signature [signature] Date: 3/10/10 Time 0900 (am)/pm

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed Yes (No)

Indications of Prior Non-Storm Water Discharge Yes (No)

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
Redwood City Dock	Stains Sludges Odor Other: Clam, custer shells + bird dropping on ducts.	Collection Ducts at Rwc Dock#.

Comments/Corrective Action Taken: Cleaned Collection Duct with fresh water, washed of excess shells & bird droppings.

Inspector's Name Daniel Title: Supervisor

Signature [signature] Date: 10/8/10 Time 1100 (am)/pm

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
Proceeded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: 0700 am/pm
Approximate amount of discharge < 5 gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations Cloudiness	Storm water	Redwood City Collecting Ducts.

Comments/corrective actions taken: Enough liquid for sampling, but Storm occurred 4 Hours before the start of our shift, so no sample was taken.

Inspector's name Dania Lam Title Supervisor

Signature [signature] Date 10/13/09 Time 0730 AM.

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no) [yes circled]
Proceeded by 3 dry days _____ (yes/no) [yes circled]

Approximate time storm water discharge began: 815 am/pm [pm circled]
Approximate amount of discharge 0.2 gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations Cloudiness NONE	0 RAIN	Redwood City Collection Ducts.

Comments/corrective actions taken: Not enough water to collect a sample. 0 Rainy Day Proceeded 3 dry days.

Inspector's name Danis Lat

Signature [signature]

Title Supervisor

Date 11/18/09 Time 1400HRS

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
Proceeded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: 5:00 am/pm
Approximate amount of discharge 0.5 gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City.	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations NONE Cloudiness	RAIN	Roof collecting Drips.

Comments/corrective actions taken: NOT enough RAIN TO COLLECT A SAMPLE, NOT preceded 3 dry days of no RAIN.

Inspector's name SAMIS HAT
Signature [signature]

Title Supervisor
Date 12/7/09 Time 0620 AM

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
Proceeded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: 0300 (am/pm)
Approximate amount of discharge 0.06 gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Roof	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations Cloudiness	Rain water	Roof Collecting Drains.

Comments/corrective actions taken: Began work at 0600 placed the collection baskets at duct. Not enough water collected at this time, for a sample. Storm occured before start of shift.

Inspector's name Daniel Lee Title Supervisor

Signature [signature] Date 1/12/10 Time 0615 AM.

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
Proceeded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: 7:30 am/pm
Approximate amount of discharge 2 gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
RWC	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations Cloudiness	Storm WATER	RWC collecting dirt.

Comments/corrective actions taken: Storm began at appx. 8:30 AM, storm was preceded by 3 dry days.

Inspector's name Jamie Lee
Signature [signature]

Title Supervisor
Date 01/10/10 Time 0900

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge X (yes/no)   Approximate time storm water discharge began: 1400 am/pm
Proceeded by 3 dry days X (yes/no)   Approximate amount of discharge_________ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Rvc Dock	Floating Material Suspended Material Odors Oil/Grease/Sheen Discolorations Cloudiness	Storm Water	Rvc Collecting Docks.

Comments/corrective actions taken: unable to collect sample because Storm began at the end of shift, a no way to transport the samples.

Inspector's name [illegible]

Title Rvc Supervisor

Signature [signature]

Date 2-26-10   Time 1415

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge no (yes/no) — no circled
Proceeded by 3 dry days yes (yes/no) — yes circled

Approximate time storm water discharge began: 0530 am/pm — am circled
Approximate amount of discharge_________ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City Dock	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations Cloudiness (all struck through with one diagonal line)	Rain water	Roof Collecting Ducts

Comments/corrective actions taken: Rain consistently today, but not enough to collect a true sample. I will forward collected Sample to Sean Riley.

Inspector's name Davis Ha[illegible]

Signature [signature]

Title Supervisor

Date 3/30/10 Time 0600

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
Proceeded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: 0300 am/pm
Approximate amount of discharge 1 ½ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations Cloudiness	Rain water (over two consecutive days, rain was inconsistent between dry weathers)	Redwood City collection ducts *Saw many birds near collection duct like, pigeons, seagulls, pelicans, ducks, etc. On dock floor observed many bird droppings, + broken oyster shells.

Comments/corrective actions taken: Placed bucket at collection point on 4/20/10, but collected sample at 1100 HRS on 4/21/10. Only collected ½ bucket (approx. ¼ gallon). Sent sample at 1100 hrs.

Inspector's name [illegible] Title Supervisor

Signature [illegible] Date 4/20/10 Time 1000 HRS

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no) [no circled]
Proceeded by 3 dry days _____ (yes/no) [yes circled]

Approximate time storm water discharge began: — am/pm - no discharge
Approximate amount of discharge — gallons none

Location:	Observations: none (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City	Floating Material Suspended Material Odors Oil/Grease Sheen Discolorations Cloudiness	No Discharged Observed	Roof Collection Ducts

Comments/corrective actions taken: No Rain in the month of May other than scattered light showers. Not enough to collect for Sampling.

Inspector's name Danis Lal

Signature [signature]

Title ____________

Date 5-31-10 Time 1100 AM

Annual Comprehensive Site Compliance Evaluation

Evaluation Date: 6/16/10

1. Review monitoring reports ✓ inspection records ✓ sampling results ✓

2. Visually inspect all potential pollutant sources and spill response equipment (list below):

Inspected Area/Location	Evidence of/Potential for Pollutants
Redwood City	Dock is used rarely and various birds on dock & nearby.

3. Review and evaluate existing BMPs:

Are any SWPPP revisions necessary: - Extend PVC piping to collect more Storm water at Collection point #2.

Have there been any incidents of non-compliance, and if so, what corrective actions have been taken: None

	Name	Signature	Title
Evaluated By:	Sean D. Riley		Environmental Mgr
Evaluated By:	DAVIS LAL		PLANT SUPERVISOR
Evaluated By:			
Evaluated By:			

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name	Signature	Title
Sean D. Riley		Environmental Manager